

Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2005

Open to Public  
Inspection

A For the 2005 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

B Check if applicable

 Address change Name change Initial return Final return Amended return Application pending

Please use IRS label or print or type.  
See Specific Instructions.

C Name of organization  
**AMERICANS FOR LTD GOVERNMENT INC**

Number and street (or P O box if mail is not delivered to street address)

**20 N. WACKER DRIVE, SUITE 3330**

Room/suite

City or town, state or country, and ZIP + 4

**CHICAGO IL 60606**D Employer identification no.  
**36-3975580**E Telephone number  
**312-920-0080**F Accounting method.  Cash  
 Accrual  Other (specify) \_\_\_\_\_

► Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ► [WWW.GETLIBERTY.ORG](http://WWW.GETLIBERTY.ORG)

J Organization type

(check only one) ►  501(c) ( 4 ) < (insert no)  4947(a)(1) or  527K Check here ►  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► **5,458,906**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1	Contributions, gifts, grants, and similar amounts received	1a	<b>5,449,874</b>	1d	<b>5,449,874</b>
a	Direct public support	1b			
b	Indirect public support	1c			
c	Government contributions (grants)				
d	Total (add lines 1a through 1c) (cash \$ <b>5,449,874</b> noncash \$ _____)				
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	<b>5,737</b>
5	Dividends and interest from securities			5	
6a	Gross rents			6c	
b	Less rental expenses			7	<b>1,295</b>
c	Net rental income or (loss) (subtract line 6b from line 6a)				
7	Other investment income (describe ► SEE STATEMENT-1)				
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
b	Less cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
9	Special events and activities (attach schedule) If any amount is from gaming, check here ► <input type="checkbox"/>			8d	
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
11	Other revenue (from Part VII, line 103)			11	<b>2,000</b>
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	<b>5,458,906</b>
13	Program services (from line 44, column (B))			13	<b>2,744,616</b>
14	Management and general (from line 44, column (C))			14	<b>15,422</b>
15	Fundraising (from line 44, column (D))			15	<b>75,308</b>
16	Payments to affiliates (attach schedule)			16	
17	Total expenses (add lines 16 and 44, column (A))			17	<b>2,835,346</b>
18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	<b>2,623,560</b>
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	<b>22,199</b>
20	Other changes in net assets or fund balances (attach explanation)			20	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	<b>2,645,759</b>

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

DAA

g g 19

**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions )

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>2,161,859</u> non-cash \$ <u></u> )	STMT 2	22	2,161,859	2,161,859	
If this amount includes foreign grants, check here ► <input type="checkbox"/>					
23 Specific assistance to individuals (attach schedule)		23			
24 Benefits paid to or for members (attach schedule)		24			
25 Compensation of officers, directors, etc		25	6,370	5,525	650
26 Other salaries and wages		26	45,024	30,140	8,050
27 Pension plan contributions		27			
28 Other employee benefits		28			
29 Payroll taxes		29	3,632		3,632
30 Professional fundraising fees		30			
31 Accounting fees		31	1,461		1,461
32 Legal fees		32	2,524	2,524	
33 Supplies		33			
34 Telephone		34			
35 Postage and shipping		35	19,033		19,033
36 Occupancy		36			
37 Equipment rental and maintenance		37			
38 Printing and publications		38			
39 Travel		39	3,180	3,180	
40 Conferences, conventions, and meetings		40			
41 Interest		41			
42 Depreciation, depletion, etc (attach schedule)		42			
43 Other expenses not covered above (itemize)		43a	592,263	541,388	1,629
a SEE STATEMENT 3		43b			49,246
b		43c			
c		43d			
d		43e			
e		43f			
f		43g			
g					
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)		44	2,835,346	2,744,616	15,422
					75,308

Joint Costs. Check ►  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

►  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_ . (ii) the amount allocated to Program services \$ \_\_\_\_\_ .

(iii) the amount allocated to Management and general \$ \_\_\_\_\_ , and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_ .

Form 990 (2005)

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

► **SEE STATEMENT 4**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**

(Required for 501(c)(3) & (4) orgs, & 4947(a)(1) trusts, but optional for others)

**a RESEARCH AND EDUCATION REGARDING LIMITED GOVERNMENT IDEAS.**

(Grants and allocations \$ **2,161,859** ) If this amount includes foreign grants, check here ►  **2,744,616**

b

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

c

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

d

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

e Other program services (attach schedule)

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ► **2,744,616**

Form 990 (2005)

## Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year		(B) End of year
	<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only			
	<b>45</b> Cash-non-interest-bearing	<b>1,280</b>	<b>45</b>	
	<b>46</b> Savings and temporary cash investments	<b>15,084</b>	<b>46</b>	<b>2,095,022</b>
	<b>47a</b> Accounts receivable	<b>47a</b>		
	<b>b</b> Less. allowance for doubtful accounts	<b>47b</b>		<b>47c</b>
	<b>48a</b> Pledges receivable	<b>48a</b>		
	<b>b</b> Less. allowance for doubtful accounts	<b>48b</b>		<b>48c</b>
	<b>49</b> Grants receivable			<b>49</b>
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule)			<b>50</b>
	<b>51a</b> Other notes and loans receivable (attach schedule)	<b>51a</b>	<b>550,737</b>	
	<b>b</b> Less allowance for doubtful accounts	<b>51b</b>		<b>106,168</b>
	<b>52</b> Inventories for sale or use			<b>51c</b>
	<b>53</b> Prepaid expenses and deferred charges			<b>550,737</b>
	<b>54</b> Investments-securities			
	<b>55a</b> Investments-land, buildings, and equipment basis	<b>55a</b>		
	<b>b</b> Less accumulated depreciation (attach schedule)	<b>55b</b>		<b>55c</b>
	<b>56</b> Investments-other (attach schedule)			<b>56</b>
	<b>57a</b> Land, buildings, and equipment: basis	<b>57a</b>		
	<b>b</b> Less accumulated depreciation (attach schedule)	<b>57b</b>		<b>57c</b>
	<b>58</b> Other assets (describe ► )			<b>58</b>
	<b>59</b> Total assets (must equal line 74) Add lines 45 through 58			<b>122,532</b>
	<b>60</b> Accounts payable and accrued expenses			<b>59</b>
	<b>61</b> Grants payable			<b>2,645,759</b>
	<b>62</b> Deferred revenue			
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)			
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)			
	<b>b</b> Mortgages and other notes payable (attach schedule)			
	<b>65</b> Other liabilities (describe ► <b>SEE STATEMENT 5</b> )			
	<b>66</b> Total liabilities. Add lines 60 through 65			<b>100,333</b>
	<b>Organizations that follow SFAS 117, check here ► <input type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74			<b>66</b>
	<b>67</b> Unrestricted			<b>0</b>
	<b>68</b> Temporarily restricted			
	<b>69</b> Permanently restricted			
	<b>Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/></b> and complete lines 70 through 74			
	<b>70</b> Capital stock, trust principal, or current funds			
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund			
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds			
	<b>73</b> Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)			<b>22,199</b>
	<b>74</b> Total liabilities and net assets/fund balances. Add lines 66 and 73			<b>2,645,759</b>
				<b>22,199</b>
				<b>122,532</b>
				<b>2,645,759</b>

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)**

- a** Total revenue, gains, and other support per audited financial statements
- b** Amounts included on line a but not on Part I, line 12
  - 1** Net unrealized gains on investments
  - 2** Donated services and use of facilities
  - 3** Recoveries of prior year grants
  - 4** Other (specify):

Add lines b1 through b4

- c** Subtract line b from line a
- d** Amounts included on Part I, line 12, but not on line a:
  - 1** Investment expenses not included on Part I, line 6b
  - 2** Other (specify)

Add lines  $d_1$  and  $d_2$

e Total revenue (Part I, line 12). Add lines c and d

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A**

- a Total expenses and losses per audited financial statements
- b Amounts included on line a but not Part I, line 17
- 1 Donated services and use of facilities
- 2 Prior year adjustments reported on Part I, line 20
- 3 Losses reported on Part I, line 20
- 4 Other (specify):

Add lines b1 through b4

- c Subtract line b from line a
- d Amounts included on Part I, line 17, but not on line a:
  - 1 Investment expenses not included on Part I, line 6b
  - 2 Other (specify):

Add lines  $d_1$  and  $d_2$

e Total expenses (Part I, line 17) Add lines c and d

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated ) (See the instructions )

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contrib to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
<b>SEE STATEMENT 6</b>				

**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

Yes | No

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ► 12

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b X

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? 75c X

**Note.** Related organizations include section 509(a)(3) supporting organizations

If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization 75d X

d Does the organization have a written conflict of interest policy?

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits**

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contrib to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

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**Part VI      Other Information (See the instructions.)**

Yes  No

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return  
b If "Yes," has it filed a tax return on Form 990-T for this year?

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?  
b If "Yes," enter the name of the organization ► **AMERICANS FOR LTD GOVT FOU**  
and check whether it is  exempt or  nonexempt

81a Enter direct and indirect political expenditures. (See line 81 instructions )  
b Did the organization file Form 1120-POL for this year? **81a**

## **AMERICANS FOR LTD GOVT FOUNDATION**

and check whether it is  exempt or  nonexempt

81a

3, 012 1

## Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	<input checked="" type="checkbox"/>
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III )	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<input checked="" type="checkbox"/>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	<input checked="" type="checkbox"/>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	84b	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85a	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
c	Dues, assessments, and similar amounts from members	85c	0
d	Section 162(e) lobbying and political expenditures	85d	0
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	0
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85g	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88	<input checked="" type="checkbox"/>
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► , section 4955 ►	89b	
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958		0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed ► IL	90b	
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions )	10	
91a	The books are in care of ► THE ORGANIZATION 20 N. WACKER DRIVE	Telephone no	312-920-0080
	Located at ► CHICAGO, IL	ZIP + 4	60606
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country ►	91c	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	At any time during the calendar year, did the organization maintain an office outside of the United States?		
c	If "Yes," enter the name of the foreign country ►		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	<input type="checkbox"/>



Forms  
**990 / 990-PF****Other Notes and Loans Receivable****2005**

For calendar year 2005, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name

Employer Identification Number

**AMERICANS FOR LTD GOVERNMENT INC****36-3975580****FORM 990, PART IV, LINE 51A - ADDITIONAL INFORMATION**

Name of borrower		Relationship to disqualified person
(1) <b>AMERICANS FOR LIMITED GOVERNMENT FOU</b>		
(2) <b>U.S. TERM LIMITS</b>		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) <b>225,000</b>	<b>12/31/05</b>	<b>12/31/06</b>	<b>DEMAND</b>	<b>9.000</b>
(2) <b>320,000</b>	<b>12/31/05</b>	<b>12/31/06</b>	<b>DEMAND</b>	<b>6.000</b>
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower		Purpose of loan
(1) <b>UNSECURED</b>		<b>WORKING CAPITAL</b>
(2) <b>UNSECURED</b>		<b>WORKING CAPITAL</b>
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	<b>106,168</b>	<b>225,000</b>	
(2)		<b>325,737</b>	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	<b>106,168</b>	<b>550,737</b>	

**Federal Statements****Statement 1 - Form 990, Part I, Line 7 - Other Investment Income**

Description	Amount
INVESTMENT INCOME	\$ 1,295
TOTAL	\$ <u>1,295</u>

ALGC4 Americans for Ltd Government Inc  
36-3975580  
FYE: 12/31/2005

10/12/2006

## Federal Statements

### Statement 2 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions

Name Address	Relationship to Org	Class of Activity					
		Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Expltn
VARIOUS			\$ 2,161,859	\$ _____	\$ _____		
TOTAL			\$ 2,161,859	\$ 0	\$ 0		

ALG4 Americans for Ltd Government Inc  
36-3975580  
FYE: 12/31/2005

10/12/2006

## Federal Statements

### Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
EXPENSES				
ADVERTISING & PROMOTION	161		161	
BANK SERVICE CHARGES	258		258	
CONSULTANT	87,199	87,199		
FEES & PERMITS	200			200
MAILING LISTS	49,046			49,046
MEALS & ENTERTAINMENT	624		624	
MEDIA	337,596	337,596		
MISCELLANEOUS	236		236	
OTHER TAXES	305		305	
PARKING & TOLLS	45		45	
RESEARCH	115,072	115,072		
WEBSITE DEVELOPMENT	1,521	1,521		
TOTAL	<u>\$ 592,263</u>	<u>\$ 541,388</u>	<u>\$ 1,629</u>	<u>\$ 49,246</u>

## Federal Statements

### **Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose**

TO INFORM, EDUCATE AND RALLY AMERICANS TO RESTORE A SMALLER GOVERNMENT BY PROMOTING LIMITED GOVERNMENT IDEAS THAT REDUCE THE SIZE AND SCOPE OF OUR GOVERNMENT.

**Federal Statements****Statement 5 - Form 990, Part IV, Line 65 - Other Liabilities**

Description	Beginning of Year	End of Year
NOTE/INT PAY-LEGIS ED ACTION DRIVE	\$ 100,333	\$ _____
TOTAL	\$ 100,333	\$ _____ 0

**Federal Statements****Statement 6 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees**

Name	Address	City, State, Zip	Title	Average Hours	Compensation		
					Benefits	Expenses	
TRAVIS ANDERSON	1775 BROADWAY	NEW YORK NY 10019	DIRECTOR	0	0	0	0
STEVE BAER	130 MICHaux ROAD	RIVERSIDE IL 60546	DIRECTOR	0	0	0	0
ROBERT COSTELLO	2135 SHERMAN	EVANSTON IL	DIRECTOR	0	0	0	0
ED CRANE	1000 MASSACHUSETTS AVE NW	WASHINGTON DC 20001	DIRECTOR	0	0	0	0
PAUL FARAGO	P.O. BOX 19299	PORTLAND OR	DIRECTOR	0	0	0	0
FRAYDA LEVY	34 ROBIN HOOD DRIVE	MOUNTAIN LAKE NJ	DIRECTOR	0	0	0	0
ERIC O'KEEFE	504 E MADISON STREET	SPRING GREEN WI	TREASURER	0	0	0	0
KELLY O'KEEFE	104 SHOCKOE SLIP #1	RICHMOND VA	DIRECTOR	0	0	0	0
HOWARD RICH	73 SPRING STREET #507	NEW YORK NY	CHAIRMAN	0	0	0	0
JOHN TILLMAN	52 BRIAR ROAD	GOLF IL 60029	PRESIDENT	40	6,500	0	0
DAVID VANDERVEEN	494 BROOKS STREET	LAGUNA BEACH CA	DIRECTOR	0	0	0	0
WILLIAM WILSON	10424 WOODBURY WOOD COURT	FAIRFAX VA 22032	DIRECTOR	0	0	0	0

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box
- Note. Only complete **Part II** if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy.**

Type or print	Name of Exempt Organization <b>AMERICANS FOR LTD GOVERNMENT INC</b>	Employer identification number <b>36-3975580</b>
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>20 N. WACKER DRIVE, SUITE 3330</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>CHICAGO IL 60606</b>	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (trust other than above)
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 1041-A
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 4720

<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 8870

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ► **THE ORGANIZATION**

Telephone No ► **312-920-0080** FAX No ► **312-920-0090**

- If the organization does not have an office or place of business in the United States, check this box

- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box ►  If it is for **part** of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **11/15/06**

5 For calendar year **2005**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension

**ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.**

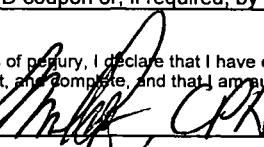
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► 

Title ► **CPA**

Date ► **8/04/06**

**Notice to Applicant-To Be Completed by the IRS**

We have approved this application. Please attach this form to the organization's return

We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return

We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period

We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested

Other

By \_\_\_\_\_

Date \_\_\_\_\_

Director

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

**EXTENSION APPROVED**

Type or print

Name  
**ALLIANT ADVISORS, P.C.**

Number and street (include suite, room, or apt. no.) or a P.O. box number  
**2500 W HIGGINS RD STE 105**

**SEP 01 2006**

City or town, province or state, and country (including postal or ZIP code)  
**HOFFMAN ESTATES IL 60195-5220**

FIELD DIRECTOR,  
SUBMISSION PROCESSING, OGDEN